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For information

Summary of mid-term reviews and major evaluations of country programme

Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 1997 and 1998.

Introduction

1. The formal review of Albania was held in April, Georgia in June and Turkey in September 1998 at high-level meetings with representatives of the respective Governments and ministries, technical counterparts, non-governmental organizations (NGOs) and other United Nations agencies. All of the meetings were preceded by consultative sessions that led to the preparation of various position papers reflecting the country programme profile and focusing on issues concerning children and women. These were the first mid-term reviews (MTRs) for both Albania and Georgia. Lessons learned from the key evaluation and assessment section reviewed in the present report have helped programme strategy orientation in the region. The MONEE Regional Monitoring Report, which analyses the effect of the transition on social conditions and public policy affecting children and their families, continues to identify crucial issues for policy dialogue and background information for more informed programming. The 1997 report on "Children at Risk in Central and Eastern Europe: Perils and Promises", indicated that there was an increasing number of children in institutions. As a result, several initiatives

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were started in the region, such as the Child Care Forum in Hungary which is reviewing institutionalization practices in five countries with a view to creating a database of children in public care and identifying best child care practices that can serve as the basis of policy and operational change. In addition, UNICEF has launched a comparative cost analysis study of children in public versus private family care in Lithuania. The findings of the study of iodine deficiency disorders (IDD), reported on in the 1998 regional summary (E/ICEF/1998/P/L.7), has led UNICEF to work more closely with salt producers, to intensify efforts on legislation and to develop a regional salt map with the participation of all countries in the region.

Overall mid-term review observations

2. The three MTRs conducted in the region during 1998 were not only useful for UNICEF as a formative review of the programme cycle, but also beneficial to begin to identify new areas requiring attention, such as children living on the street, domestic violence and HIV/AIDS. All of the MTRs reflected a focus on children's rights as the basis for the review and, ultimately, new programme direction.

3. At all three review meetings, appreciation was expressed for UNICEF work to identify issues affecting children and women and for its programming efforts that begin to target the root causes of these problems. Some examples cited included the basic education project in Turkey, the legislative reforms which incorporate the Convention on the Rights of the Child in Albania and support to health reform in Georgia. There was also general consensus that the support and active involvement of UNICEF in the promotion of cost-effective and sustainable approaches in health, education and social welfare were essential at this period of time. National partners emphasized that UNICEF support was needed to enhance civil society actions for children, adolescents and women.

4. One theme that emerged from all the MTRs was a reaffirmation that greater emphasis should be placed on the role of primary care providers, families and communities in child development and protection as institutional solutions alone are no longer viable. UNICEF will assist in strengthening their commitment to work together with others on building the capacity of communities and providing them with the knowledge and skills necessary to cope effectively with family responsibilities.

5. The MTRs also identified a need for increased intersectorality and the convergence of services. This new thrust, organized around the principles of the Convention on the Rights of the Child and, for example, intersectoral themes such as early childhood care and development (ECCD), is still in the formative stages. In a rights-based approach to programming centred around survival, protection, development and participation, Turkey has probably taken this convergence the furthest of the three programmes reviewed. However, more evaluation and careful documentation of successful practices and lessons learned need to be collected.

6. The lack of models for change and old practices still affect the abilities of Governments and NGOs to move towards more emphasis on social policy reform, social programme cost-effectiveness and accountability. Analysis points to the importance of a capacity-building strategy and of the use of models of excellence to formulate successful programme approaches. UNICEF will continue efforts aimed at the extensive capacity-building of both government institutions and NGOs, establishing sound networking mechanisms and applied research schemes.

Country mid-term reviews

Albania

7. UNICEF established its presence in Albania in 1992 with emergency interventions in response to the deep crisis following the collapse of the communist regime. As the situation became more stable, however, UNICEF progressively developed longer-term development strategies for children's services. In 1996, the UNICEF Executive Board approved a five-year country programme covering the period 1996-2000 (E/ICEF/1996/P/L.54).

8. Albania still continues to be the poorest country in Europe, and this condition is exacerbated by social unrest and other unsettling factors brought on by the transition. Two important emergencies directly affected the situation of children, i.e., a polio epidemic in 1996 and a violent unrest following the collapse of pyramid financial schemes in 1997. The country continues to remain plagued by violent unrest, which is having very negative consequences for social development.

9. Malnutrition still remains a serious problem for Albania, especially among children under the age of five years. IDD is also serious, with an estimated ó3 per cent of children aged 8-10 years suffering from severe iodine deficiency. There is a relatively high maternal mortality rate (MMR) of 25 per 100,000 live births as well as infant and under-five mortality rates (IMR and U5MR) of 26 and 28 per 1,000 births, respectively. New social problems such as drug abuse, domestic violence and juvenile delinquency are on the rise. Although 94 per cent of children are enrolled in primary school, this is a

decrease from the past, and as a result of the appalling conditions of many of the schools and the lack of teaching and learning materials, the quality of education has deteriorated rapidly.

10. The MTR was held after full consultation with UNICEF partners in Albania, the Ministries of Health, Education and Social Affairs, public institutions, local and international NGOs and other United Nations agencies and representatives from the donor community. The impact of UNICEF interventions was assessed not only in terms of the achievement of programme objectives, but mainly in terms of the progress made by the Government of Albania and civil society in making universally recognized rights a daily reality for all children. The review was conducted in the context of four broad categories of child rights: survival; development; participation; and protection. Although the initial programme of cooperation was formulated based on the more traditional sectoral design, the rights-based approach proved to be useful for all participants of the review, including UNICEF staff, to understand the importance of integrated strategies for child issues. Thematic papers, which ultimately guided the strategic discussions, were written not only to reflect programme activities, but also to emphasize the main principles of the Convention on the Rights of the Child and evaluate how these principles have guided policies and actions of all partners.

11. The review also served to highlight areas that require greater emphasis. The increased knowledge of the situation of children, substantiated by data and research, needs to develop. In particular, information is lacking regarding the situation of the children in greatest need. In this category, special priority should be given to child migrants and to children with disabilities.

12. ECCD strategies must be developed that integrate relevant sectors. The participation of young people is still in the early stage, and UNICEF would like to develop a strategy that would encourage this crucial group in decision-making. There will also be more of an emphasis on family-based intervention strategies.

13. Continual attention will be given to ensuring that maternal and child services are accessible and user-friendly. As a minimum, services such as the expanded programme on immunization and the control of diarrhoeal diseases (CDD) and acute respiratory infections (ARI) need to be integrated and mutually reinforcing. Particular attention also needs to be placed on the health needs of youth, especially in light of the increase in sexually transmitted diseases and HIV/AIDS.

14. During the periods of social unrest, the fact that many public institutions such as schools and health centres were damaged by community members themselves is indicative of a lack of ownership by communities over basic services for children. For this reason, it was felt that the involvement of local communities and the actual beneficiaries was crucial in the development of health and education systems.

15. During the period under review, the UNICEF office in Albania has cooperated closely with other United Nations agencies represented in the country. During the first half of 1997, the UNICEF Representative also acted as United Nations Coordinator. The coordination of efforts has been efficient, leading to the development of complementary activities.

16. The structure of the office has evolved progressively in order to allow it to better cope with the challenges created by the successive crises. However, it was felt that the relative inexperience of the staff requires a continual process of support and capacity-building in the next half of the country programme.

Georgia

17. The UNICEF office in Georgia was established at the end of 1993 to support emergency interventions in response to the crisis resulting from the drastic decline of the economy and the political conflicts. As the situation stabilized, the thrust of the 1996-2000 country programme (E/ICEF/1996/P/L.57) shifted from emergency to rehabilitation and development.

18. While the political and economic situations have stabilized since 1995, the gross domestic product in 1997, though experiencing some degree of recovery, still stands at only 33 per cent of the 1990 level. Over 50 per cent of the population live in poverty.

19. The Health Care Reform, launched in August 1995, led to complex changes in service delivery and management. However, it has not as yet fully responded to the needs of children, women and adolescents. IMR has reportedly increased from 15 per 1,000 live births in 1994 to 25 in 1997. Immunization coverage is only at 60 per cent of children under one year old. MMR also appears to have increased from 41 per 100,000 live births in 1990 to 67 in 1997. Over the last three years, unattended births have increased from 4 to 15 per cent due to costs associated with hospital-based deliveries. Anaemia affects 40 per cent of pregnant women, and varying degrees of iodine deficiency were observed in 64 per cent of a surveyed 6- to 12-year-old population.

20. The transition has had a devastating effect on the education system. The rising cost of education is increasingly met by direct payments from parents while, at the

same time, family incomes have fallen and inequality has risen. Enrolment rates at the primary level have dropped to 85 per cent from almost universal primary enrolment prior to the transition. There is a concern of increasing drop-outs as seen in the rise of street children in large cities. Educational supplies continue to be limited, school facilities are deteriorating, and outdated curricula and teaching methods do not prepare youth for the changes in the country and society. Opportunities for pre-primary education continue to decline, with only an estimated 10 per cent of pre-school-age children currently participating. Alternative systems are not yet in sight.

21. This was the first MTR to be held in Georgia. It consisted of technical assessments in the areas of health, education and children in need of special protection measures; sectoral review meetings between the Government and UNICEF, resulting in broad agreement on achievements, constraints and issues for further pursuance; and consultations with partner agencies and local NGOs. The six month process culminated with a National Intersectoral Review Meeting, chaired by the representative of the State Chancellery, with discussion papers based on the sector reviews presented by senior government officers representing the Ministries of Health and Education. Representatives of the United Nations Development Programme, the World Food Programme, the World Health Organization (WHO) and the Office of the United Nations High Commissioner for Refugees, as well as several international and national NGOs and UNICEF country, area and regional offices, also participated.

22. The formal review meeting also included the participation of representatives of the Alternative Youth Parliament, a national youth programme. Fifteen young people studied the various reports; visited selected sites, including schools, health centres and public care institutions; and provided inputs to each session of the review meeting. Their observations, especially their independent views and understanding of the Convention on the Rights of the Child, enriched the proceedings. All participants appreciated the process and the opportunity to review current efforts and to make suggestions and recommendations based on the changing needs and new opportunities in the country.

23. Along with the 1996-2000 programme of cooperation, UNICEF provided substantial humanitarian assistance under the United Nations Joint Appeals. The Georgia country programme itself was focusing its efforts in the field of child survival and development, supporting the country in the implementation and monitoring of health care and education reforms. Positive results were achieved in health and nutrition, ARI/CDD programmes, the promotion of breast-feeding and partially in immunization. In cooperation with NGOs, training courses in various fields were implemented which enriched the skills and knowledge of the counterparts and resulted in practical changes.

24. Data generated through the country programme, i.e., assessments, surveys, studies, etc., were recognized by all partners as a major source of information on the situation of children at risk and children who need special protection. It will be important to improve the quality of the national capacity for data collection and data analysis in order to provide a sounder base of information for policy decisions on reforms as well as for monitoring and performance evaluation.

25. As a result of the MTR, it was felt that a strategy of demonstration activities that are assessed and modified to eventually go to scale was an effective way to build capacity. However, these activities need to be better documented and evaluated.

26. The MTR confirmed the need to move from emerging humanitarian assistance to rehabilitation and development as medium- and long-term sustainable development. In this respect, most of the current country programme continues to be valid. However, some new priorities and directions were proposed, both for immediate action as well as for longer-term planning towards the next programme cycle. For example, more community involvement and support to civil society were encouraged and will be emphasized. Moreover, effective strategies to incorporate child and youth participation will be built into the remaining programme cycle. The main challenge ahead remains to facilitate the reform process in public health and education, which requires consistent support and adequate expertise.

27. Increased efforts in capacity-building at the local authority level will be incorporated into the projects for primary health care reform, reproductive health and young people's health. In addition, government authorities and NGO partners dealing with foster care and adoption, street children and working children will be introduced to appropriate strategies and practices for working with children in need of special protection. Future projects will also target families and primary caretakers in an intersectoral approach to ensure better parenting practices for ECCD.

28. The collection of data and information to support policy formation and management decisions will be strengthened through implementation of a multiple indicator cluster survey, a comprehensive educational analysis to provide immediate information, and through long-term support to the health information systems.

29. Empowering communities and care providers to take greater responsibility for their children needs further efforts. Media, information and educational packages will be developed to ensure the involvement of communities in the reform processes. Local authorities in cities and rural areas have to be involved from the very beginning of planning as this is the only way to ensure the active participation of counterparts and reinforce the ownership of projects. The positive experience of young people's participation in the MTR meeting demonstrated that with guidance, access to information, including the Convention on the Rights of the Child, and the opportunity to examine social issues directly, the views of youth can add a new dimension to the empowerment. Support will be given to the Alternative Youth Parliament and other youth groups in their efforts to participate in the implementation of the Convention in the country.

30. The involvement of NGOs is crucial, especially in the field of child protection. Their capacity to effectively plan, implement, monitor and report on projects should be strengthened. This will be the case for action related to the reduction of MMR through improvement of reproductive health and modern birth spacing in the health sector and in response to the needs of vulnerable groups such as street children and working children.

31. The creation and the development of networks for information exchange on experiences and community participation are recognized as most successful strategies for programme implementation. Networking will be encouraged within the same sector, between districts involved in the health reform, among NGOs in the same area, and cross-sectorally.

Turkey

32. The MTR meeting on the 1997-2000 programme of cooperation (E/ICEF/1996/P/L.34/Add.1) was held in September 1998. Consultative meetings with government counterparts, technical experts, the World Bank, NGOs and other United Nations agencies preceded the meeting to establish the framework for the review meeting and to begin to determine which strategies and objectives had been achieved and which needed to be adjusted.

33. The formal review meeting attempted to improve the child rights-based programming framework and the intersectoral approach. An important component of the meeting was the participation of civil society, young people and community representatives, which helped to expand alliances and acquire a broad-based consensus on strategies and the effectiveness of certain activities.

34. There has been overall improvement in the situation of women and children over the past years. U5MR, IMR and MMR have continued to decline on average, but it is still recognized that the eastern region of the country does not share these positive indicators for improved child survival. Access to improved services for this difficult region remains a big challenge to the programme in the future.

35. Malnutrition, as evidenced by the increased percentage of underweight children, is a major problem in the eastern region. One out of five children in this region is under weight, which is double the national average. Efforts to eradicate polio as part of the Global Polio Eradication Programme have as yet been unsuccessful.

36. Although eight years of primary education has recently been made compulsory, there are still pockets of low enrolment, especially among girls in remote rural areas or in poor urban settlements. Literacy among women is a problem in Turkey, as 6.5 million women are illiterate. It has been shown that there is a correlation between a mother's educational level and knowledge about proper child feeding practices. In this connection, it can be noted that 18 per cent of children under five years old who are malnourished have mothers who have received no education and are illiterate. This drops sharply to 5 per cent with mothers who have completed eight years of education. Regionally, access to preschool is limited, with only 15 per cent of preschool children enrolled in a formal programme. The completion rate of eight years of primary education is quite low and shows regional and gender disparities: 58 per cent for girls and 79 per cent for boys; however, it averages only 27 per cent in the east, far below the national average.

37. Numbers of children in need of special protection measures, street children and working children, children in conflict with the law, abused, neglected and sexually exploited children, and children with substance abuse problems are noticeable, and UNICEF is working with the Government to identify, quantify and mobilize support to remedy these growing social problems. The effective engagement of NGOs and civil society and the young people themselves as partners are new approaches for both Turkey and UNICEF.

38. Based on the previous programme cycle, Turkey decided to develop four interrelated and intersectoral programmes: civil society mobilization; support for regional and intra-urban disparity reduction; social research/monitoring; and planning and policy development. The programmes are seen in light of the major themes embodied in the Convention on the Rights of the Child: survival, protection, development and participation; and use of the key strategies of strengthening technical capacity for service delivery, empowerment,

advocacy for social development and monitoring. There is a concerted effort to converge sectors and base implementation on the Convention. This was identified as an innovative approach that is expected to reduce duplication of efforts and improve the mechanisms available for the transfer of experience between sectors, while increasing the cost-effectiveness and efficacy of interventions. Although counterparts are adjusting to this new way of programme implementation, the concept needs further refinement and clarification.

39. Turkey is the region's second United Nations Development Assistance Framework country and a four-year programme cycle was approved to achieve harmonization of cycles with other United Nations agencies. There is close cooperation with other United Nations agencies: the International Labour Organization in addressing the problems of working children and street children; the United Nations Population Fund for the safe motherhood and newborn care project; the Food and Agriculture Organization of the United Nations in areas of agriculture as it relates to the nutritional status of children and women; and the World Health Organization, along with the Rotary Club and the United States Centers for Disease Control and Prevention for the eradication of poliomyelitis. UNICEF also actively participates in the Joint and Co-sponsored United Nations Programme on HIV/AIDS coalition of agencies and has a close relationship with the World Bank in education.

40. The UNICEF office in Turkey was the first in the region to come completely on line with the Programme Manager System (PROMS). It was acknowledged in the review that the introduction of PROMS has slowed down programme implementation. However, now that technical problems have been worked out and staff members have developed the necessary competence, this should assist in the closer monitoring of projects.

41. The UNICEF office in Turkey has also been providing logistic support for supplies to neighbouring countries such as Iraq, as well as to procure locally for Azerbaijan, Georgia, Iraq, Tajikistan and Turkmenistan. As Supply Division in Copenhagen becomes more decentralized, the role of Turkey as a regional supply service will become more important.

Major country programme evaluations

A critical review of UNICEF support to psychosocial and peace education projects in the countries of the Former Yugoslavia

42. An assessment of UNICEF support to psychosocial programmes in the former Yugoslavia was commissioned by the UNICEF Regional Office to review the six years of intervention strategies dealing with children affected by war. It was based on interviews with 60 teachers, pedagogues, psychologists, aid workers and government representatives as well as on a review of more than 30 evaluations, project proposals and other papers that explain or critique the many projects that have been implemented in Bosnia and Herzegovina, Croatia and the Federal Republic of Yugoslavia. While UNICEF has engaged in a number of programme activities over the years that deal in one way or another with the psychological effects of war, it has been relatively recent that the organization has supported the design of programmes with the specific intent of addressing psychological trauma in children. The relatively high profile of such programmes has opened a debate within the organization over just how UNICEF should address such problems. This assessment provides an explanation of the logic behind the decision to train both professionals in the field of psychology and non-professionals such as teachers and other child caretakers to respond to the needs of traumatized children. A discussion of some of the dilemmas accompanying such a choice and an assessment of the extent to which the programmes reached their objectives or led to unforeseen consequences and opportunities is included.

43. The assessment concludes that support to psychosocial projects during the war was an appropriate and cost-effective way to respond to the large numbers of people whose lives have been severely disrupted by war. Despite the initial objectives of virtually all psychosocial programmes to help treat or even heal trauma in children, the most tangible benefits cited now that the war is over are those of teachers being given information about behaviour changes in their students and a new way of interacting with students. Teachers interviewed mentioned that the approaches used in the in-service training helped them concentrate on individual children and forced them to adopt more child-centred teaching techniques. Some of the limitations to further propagation of both psychosocial and peace education projects were also identified in the review. Some of these limitations include: the short-term nature of many of the training activities, with little or no follow-up; the lack of an overall systematic acceptance for psychosocial work or interactive and participatory methods used in peace education; and donor priorities which drastically change after a war when trauma intervention could be most useful.

44. The review made recommendations for future programmes and for future evaluation and research topics which will be followed up. This review, along with others that will be conducted of programming strategies in

conflict situations, will serve as a guide for the UNICEF staff working and programming in complex emergencies.

Education for All

45. The fifth MONEE report, produced by the UNICEF International Child Development Centre in Florence, identifies the serious education challenges facing the children living in the 27 countries examined. The report identified several key trends affecting educational systems in the region. Millions of children in the region are missing out on their right to quality education. The costs to families of educating children have increased sharply at a time when family incomes have fallen and inequity has risen. The quality of schooling has fallen. In many countries, there have been significant reductions in real public expenditures on education. Enrolment and attendance have often dropped, especially in the less developed parts of the region. Between 1989 and 1996, the number of school-age children has increased, but the number of children in school has declined by 1.6 million. In addition, the supply of school places has also declined. For example, over 30,000 preschools were closed in the countries of the Commonwealth of Independent States between 1991 and 1995. Social support provided by schools is down. The provision of meals and supervision of children after school have fallen. Health and dental checks are less common. For example, 670,000 basic grade children in Georgia received a health check-up in 1989, but only 250,000 in 1996. There is greater selectivity and competition in education, including the development of elite, better-funded upper secondary schools as well as private schools. War, due to ethnic strife or other causes, has severely disrupted the education of thousands of children. Many young people face unemployment on leaving school or on finishing the tertiary level studies.

46. The goal of the report is to highlight the serious education challenges facing the 115 million children in the region. The report identified clear policy issues that need to be resolved and programme directions which could inform future country programme involvement in education. Issues that emerge from the assessment formed the basis of a regional education meeting held in Struga, The former Yugoslav Republic of Macedonia, that focused on follow-up programme strategies of the many issues raised in the report. Moreover, as a result of the growing number of out-of-school young people, a study is under way in two countries of the region to quantify the problem and map out lines of action for support of these groups.

Childhood injuries: priority area for the transition countries of CEE/CIS and the Baltic States

47. All children have a right to a safe environment. Commissioned by the Regional Office and conducted by the London School of Tropical Medicine and Hygiene, this study has shown that injuries are a major unrecognized problem which impair the health and welfare of children and adolescents in the transition countries of Central and Eastern Europe and the Commonwealth of Independent States. The study analysed existing data and organized field visits to several countries in the region. Compared to the European Union, mortality rates from injuries, poisonings and violence are nearly five times higher in the Commonwealth of Independent States and 2.5 times higher in Central and Eastern Europe.

48. The profile of childhood deaths from external causes differs from that in the West with, for example, much higher death rates from drowning at all ages and from poisoning in young children in most transition countries.

49. Injuries account for much of the difference in mortality in childhood between East and West. If rates of mortality from these causes were reduced to the average for the European Union, depending upon age, up to 80 per cent of the difference in total mortality in childhood between East and West would be eliminated, and nearly 32,000 deaths in the 1- 19-year-old age group (31 per cent of all deaths at this age) would be prevented each year.

50. The scale and extent of this problem has not been appreciated either within the transition countries themselves or more broadly in the European or global community. This lack of visibility and the absence of ownership of the problem have meant that prevention programmes are either non-existent or poorly developed and uncoordinated within most transition countries.

51. Effective intervention strategies to reduce the burden of injuries have been developed in a number of countries, mainly in the West. With suitable adaptation to the local context, it is likely that many of these could start making an impact on the high levels of mortality and morbidity from injury in the transition countries. However, before improved intervention programmes become a reality, injuries need to have a higher public profile. NGOs and local pressure groups could play a key role in advancing the issue, bringing it to the attention of the media and politicians, and in advocating appropriate public health and social policy approaches.

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Country note**

Zimbabwe

Summary

The Executive Director presents the country note for Zimbabwe for a programme of cooperation for the period 2000 to 2005.

The situation of children and women

1. The economic and social situation of most Zimbabwean families has deteriorated substantially during the 1990s. The rapid spread of HIV/AIDS is having a devastating impact on the country's economic and human resource base. With 25 per cent of the population estimated to be HIV positive, and rising mortality among the 20- to 49-year-old age group, Zimbabwe is facing an increasing dependency ratio. HIV/AIDS is much more than a health concern, for the economic, social and psychological demands this places on families as they care for increasing numbers of children and ill adults cannot be overstated.

2. Together, repeated drought, an increasing disease burden and the effects of drastic economic structural adjustment measures have led to a decline in living standards. Population growth has outstripped gross domestic product during the 1990s, and Zimbabwe has dropped from a middle-income to a low-income country, with approximately 62 per cent of the population living in poverty and one of the most inequitable income distribution in the world.

3. The impact of deepening poverty and HIV/AIDS on the realization of children's and women's human rights is apparent in the declining social indicators. Direct threats to children's physical development include an HIV prevalence rate of about 30 per cent among pregnant women, meaning that about 9 per cent of children born today will be infected and expected to die before the age of five years. By 2005, there will be 910,000 orphans in Zimbabwe, up from 150,000 in 1995. Already many orphans, especially girls, are carrying parental responsibilities for younger siblings, and many

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1999.

more are cared for by overburdened grandparents. In both cases, the difficulties of ensuring adequate care for the youngest members of the household are apparent. The infant mortality rate currently stands at 80 per 1,000 live births, a worrisome increase over the 61 recorded in 1990.

4. Despite impressive gains in schooling since independence in 1980, the realization of a child's full emotional and cognitive development is now hampered by poor family and educational environments. Few parents can provide the young child with a stimulating environment. Formal schooling also fails to meet developmental needs, resulting in high drop-out rates and low achievement. Of those who start primary school, 20 per cent drop out before grade three. Child labour is also a contributing factor, especially on commercial farms.

5. The psychosocial development of children in Zimbabwe is affected by the pairing of rapid social change with apparent cultural conservatism. Continuing gender bias and inequity limits the aspirations and achievements of the girl child, denies adolescent girls and women the possibility of making decisions about if and when to have sex and whether to use protection, and contributes to gender violence and the perpetuation of male domination in the family. Issues of sexuality and abuse are rarely discussed nor adequately addressed through services. Manifestations include early childbearing and sexual abuse. Specifically, 44 per cent of 19-year-old women are mothers or currently pregnant. Reported rape statistics reveal that, among cases involving minors, 8 per cent of the victims are under six years of age and 40 per cent are between 6 and 12 years old. The high incidence of sexual abuse, especially of girls, is also apparent in reported AIDS cases, with girls 15-19 years old five times more likely to be infected than their male peers.

Lessons learned from past cooperation

6. The incidence rate of HIV/AIDS is still rising, indicating that changes in behaviour and practice have not been achieved despite the large volume of information provided and high levels of awareness. Recent evaluations have demonstrated modest, but positive, behaviour changes where interventions went beyond the provision of information to build skills and provide support for people's own problem assessment and action at the community level.

7. Programme implementation experiences and reviews have consistently shown that community-led approaches have a greater impact and are especially effective in creating empowerment. An important advantage of such an approach lies in its potential to influence the wider community and policy decisions, especially where grass-roots successes are well documented. Capacity-building interventions should result from comprehensive assessments of institutional and community capacities. Ideally, these should not be limited to one area of intervention alone as has often been the case. In addition to human resources, communities and institutions need access to financial and material resources, internal management capacity and a supportive external environment if their capacity for assessment, analysis and action (the "triple A" approach) is to improve.

Proposed country programme strategy

8. The strategy for the 2000-2005 country programme was developed in consultation with a wide range of stakeholders, including the Government, civil society organizations, youth, child development experts, community leaders, the United Nations and bilateral donors. A human rights orientation to identifying and analysing problems was used. This involved analysing the roles of those with a legitimate claim to rights, the claim-holders, and those whose duty it is to ensure fulfilment of rights, the duty-bearers. Relevant patterns of obligations at different levels of society were explored, and a capability analysis of the obstacles and facilitating factors to the realization of child rights in Zimbabwe was also undertaken. This process, as well as the resulting programme strategy, were premised on the Convention on the Rights of the Child principles of universality and non-discrimination, indivisibility and interdependence of rights and best interests of the child, and on the Convention on the Elimination of all Forms of Discrimination against Women. The entire programme is based on the understanding that children's and women's rights are human rights.

9. The goal of the country programme is to support the realization of children's full potential by facilitating the capacity of duty-bearers at appropriate levels of society to respect, promote, protect and fulfil children's and women's human rights. The overall objective is to contribute to child survival, development, protection and participation in Zimbabwe, with a special focus on reducing the incidence and impact of HIV/AIDS. The areas to be covered correspond with recommendations made by the Committee on the Rights of the Child in response to Zimbabwe's initial State Parties report submitted in 1996.

10. Operationally, the country programme will: (a) focus on HIV/AIDS as the single most important factor affecting the survival and development of children in Zimbabwe; and (b) strive to impact on children and women experiencing the broadest and most severe violations of their rights, especially those on commercial farms, in peri-urban and remote rural areas, and children affected by abuse, exploitation and disability. At times this will include tackling issues that may not be directly or obviously related to HIV. The programme will also: (a) mobilize and sustain community capacity-building, recognizing that people live, and development occurs, in communities; (b) advocate and support the Government at the policy level to recognize and meet its obligations to help communities and families in their efforts to fulfil children's and women's rights; and (c) catalyse a broader alliance among and with civil society organizations, including community-based and non-governmental organizations to promote rights-based community action and advocacy.

11. The two major strategy components are: (a) community capacity-building and family-level support to improve the triple A approach process by communities on problems which interfere with their children's development and the fulfilment of their rights; and (b) advocacy and social mobilization to create an enabling social, legal and institutional environment which facilitates the prevention and reduction of the impact of the HIV epidemic on children and women.

12. At the community level, selected community development committees, health centres, schools, and youth and community centres will be supported to develop into centres of experimentation and excellence in children's and women's rights-based programming, using the triple A approach. Operational research and documentation of experiences from the centres will provide the basis for bottom-up policy-level advocacy. Advocacy-level activities will be implemented with social sector ministries, as well as in conjunction with civil society organizations, research institutions, government partners and others with a human rights and social justice mandate.

13. The programme will centre around four themes: the first includes the cross-cutting issues of advocacy, programme communication, monitoring and information support and will ensure linkages and consistency in all programme action; and the remaining three will be organized around the elements of child development, i.e., physical, cognitive, emotional, social and spiritual, required for children to reach their full development potential. The sector-specific elements of the themes will be grouped together during the preparation of the master plan of operations to arrive at the final programme structure.

14. The first theme, **human rights of children and women: policy, planning, monitoring and evaluation**, will provide overall support to the child development themes, with an emphasis on increasing the scope for sustained realization of child rights within Zimbabwe's legal, economic and administrative frameworks. Components include: legal and policy advocacy to strengthen the human rights focus in the development and implementation of laws and programmes; support for monitoring and management information systems for increased availability and effective use of information to improve attention to children's and women's rights; programme communication; and programme monitoring and evaluation.

15. The remaining themes focus on child development. **Child care, development and learning** will focus on the emotional, social and cognitive development of children and youth, including: early intellectual stimulation; caring practices; and education and life skills, especially in relation to HIV/AIDS prevention and control. **Child social development, protection and participation** will support children's psychosocial and spiritual development and contribute to the reduction of the incidence and impact of HIV/AIDS. Programme actions will focus on: gender socialization; special protection; and youth participation. **Child survival and physical development** will support primarily interventions for children's and adolescent's physical development and maternal care and survival to contribute to the reduction of child and maternal morbidity and mortality. Components will include: young child and maternal health and nutrition; reproductive and adolescent health; and water, sanitation and hygiene education.

16. Collaboration with partners will follow the country programme's rights- oriented goal and objectives and the promotion of a human rights approach within the United Nations Development Assistance Framework process. Within the United Nations country team, UNICEF will support disaster management and drought preparedness initiatives. The poverty elimination focus of many bilateral and multilateral donors, regional organizations and international non-governmental organizations (NGOs) in Zimbabwe will provide further scope for effective collaboration with development partners. UNICEF will advocate with the Bretton Woods institutions for a strengthened focus on expanding basic social services and children's and women's rights as the foundation of development progress. The programme will maintain a dialogue with national bodies, including civil

society organizations, academic institutions and NGOs, to ensure a rights-based approach in their work. Efforts will be made to work with the private sector to build a sense of corporate responsibility, with special attention to children's issues.

17. Resource mobilization will depend on the Government and UNICEF being able to mobilize co-financing partners for a longer-term, rights-based approach to sustainable development. General resources will be used for the most critical programme components. Bilateral, multilateral and other agencies will be fully engaged in both the design of funding proposals and the monitoring of assisted programmes. Advocacy will promote increased government resource commitments to priority areas for children.

Estimated programme budget

Estimated programme cooperation, 2000-2005 a/

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Human rights of children and women: policy, planning, monitoring and evaluation	3 000	4 500	7 500
Child care, development and learning	1 800	13 500	15 300
Child social development, protection and participation	1 800	9 000	10 800
Child survival and physical development	1 830	18 000	19 830
Total	8 430	45 000	53 430

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

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For information

Country note**

Cape Verde

Summary

The Executive Director presents the country note for Cape Verde for a programme of cooperation for the period 2000 to 2004.

The situation of children and women

1. Cape Verde is an archipelago of 10 small islands with a Sahelian climate that is prone to droughts. Its population of 406,000 (1997) is growing at an annual rate of 2.5 per cent and the per capita gross national product (GNP) is $1,010 (1996). Nevertheless the country is classified as a least developed country and its economy remains highly dependent on official development assistance (ODA)(29 per cent of GNP) and on remittances from emigrants.

2. Successive Governments since independence in 1975 have been characterized by good governance, effective management of ODA and relatively high levels of social investment, with more than 20 per cent of total public expenditure allocated to the social sector. This has led to good levels of social indicators relative to the subregion. The Government has ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The country has constraints due to its limited natural resources, its territorial discontinuity and the persistence of socio-economic disparities (30 per cent of the population are poor). Forty-one per cent of all households are headed by women. Unemployment, affecting mainly women, is estimated by the Government at 26 per cent (1997). Urban population growth, at 6.4 per cent per year, has led to a doubling of the urban poor from 1990 to 1995. Other consequences of urbanization include the breakdown of traditional social structures and a rise in juvenile prostitution, illegal drug consumption and the number of children living and working in the street.

* E/ICEF/1999/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1999.

3. UNICEF estimates of the infant and under-five mortality rates for 1997 were 54 and 73 per 1,000 live births, respectively. The maternal mortality rate is estimated by the Government to be 55 per 100,000 live births (1995). Some 14 per cent of children under five years of age are underweight (1994). Net primary school enrolment was 98 per cent in 1997. Despite these encouraging indicators, disparities remain within the country and the quality of both basic social service delivery and child care need improvement.

4. The immediate causes of under-five morbidity and mortality are diarrhoeal diseases and acute respiratory infections. Iodine deficiency is widespread, affecting one quarter of all school-age children. The prevalence of anaemia is very high nationwide, reaching 70 per cent among children under the age of six years (1996). Only 8 per cent of mothers practice exclusive breastfeeding during the first three months. Poor hygiene practices and inadequate access to water and sanitation in peri-urban and rural areas led to a cholera epidemic in 1995, which cost 252 lives. Measles immunization coverage dropped from 85 per cent in 1991 to 70 per cent in 1995, with an epidemic in 1997. In both epidemics, Santiago Island accounted for the majority of victims. Among children and adults, HIV/AIDS is an increasing risk; the number of registered HIV seropositive cases was 429 in 1996, but the real number is estimated by the Government to be about 3,000. There are no gender disparities in basic education enrolment, but its quality needs improvement. Only half the primary school teachers have had formal training, and a 1997 survey of 2,000 primary schoolchildren showed that learning achievement was inadequate. Teenage births are a problem; 45 per cent of all first-time mothers are under 20 years of age. Twenty-eight per cent of adults are illiterate, over two thirds of them women.

Lessons learned from past cooperation

5. The previous programme of cooperation actively promoted the rights of children and women. The initial report on the status of implementation of the Convention on the Rights of the Child was finalized and approved by the Government, revision of the Family Code and Code for Minors was concluded and a social policy framework for children and adolescents was designed. The judicial system, police and schools have recognized the problems of sexual abuse and violence against children and women and have committed themselves to tackle the problems. A broad knowledge base on children and women in Cape Verde has been acquired through studies and evaluations. An agreement was signed on the Vaccine Independence Initiative and from 1998, the Government took over the purchase of vaccines. One of the country's three hospitals was certified as "baby-friendly". Approximately 13,500 people gained access to safe water in the rural areas of Santo Antao and Santiago Islands and time spent by women in the target communities to fetch water was reduced by 40 per cent. The quality of education was improved by the training of 300 primary school teachers (about 10 per cent of the national total) in Portuguese, mathematics, gender awareness and hygiene; by the provision of didactic materials to 9,000 primary school children and 2,200 pre-school children; and by the rehabilitation of 10 primary schools, including provision of water supply and sanitation facilities. On the other hand, the epidemics of cholera and measles show persistent weaknesses in the quality and utilization of the health service delivery system. Other constraints include post vacancies and frequent changes in personnel, insufficient coordination between development partners and the lack of clear government policies in the areas of early childhood development and rural sanitation.

6. The key lesson learned, as highlighted by the 1997 mid-term review, was that UNICEF should continue to shift more resources from supply assistance to strategies promoting quality, capacity-building and sustainability of services. There is need to promote gender issues and behavioural change, based on a better understanding of cultural traditions. It is also crucial that future programme strategies be planned with a view to increasing complementarity and coordination with other development partners.

Proposed country programme strategy

7. The proposed country programme is being prepared within the framework of Cape Verde's national development priorities, which include national goals for children's and women's survival, development, protection and participation. Children were active participants in the preparation of Cape Verde's situation analysis of children and women. While a preliminary Common Country Assessment exists, the country strategy note has not been prepared to date. Collaboration and complementarity of activities among United Nations agencies need to be strengthened, including in the context of a United Nations Development Assistance Framework.

8. The country programme's goal is to assist the Government in sustaining and building upon social gains, ensuring equity (including gender equity), enhancing the

quality of basic services for survival, development and protection and promoting children's participation. The country programme will address further reduction of childhood morbidity and mortality, enhancement of the quality of basic education and prevention of violence against children and women.

9. The proposed country programme will comprise programmes for basic social services and social policy development. The first will intervene essentially on Santiago Island in the areas of primary health care and nutrition; water, environmental sanitation and hygiene; and basic education. Santiago Island, which accounts for more than one half the country's population, has basic social services, especially in rural and peri-urban areas, that lag behind the rest of the country, and major bilateral donors already intervene on other islands. The second programme will intervene primarily at the national level in the areas of policy development and child protection and participation, with special attention to children in need of special protection in the cities of Praia and Mindelo.

10. Generally, field interventions will focus on municipal and community levels, strengthening institutional and human resource capacities, thus promoting sustainability. Best practices and lessons learned will be used to develop child-focused national policies and promote the participation of United Nations agencies, bilateral and multilateral donors and non-governmental organizations. Schools will be used as a platform for behavioural change and gender awareness through effective information, education and communication activities. Linkages and information exchange on social development issues will be maintained with other Portuguese-speaking countries.

11. Through a combination of local capacity-building, social mobilization and targeted service delivery, the health and nutrition component of the *basic social services programme* will focus on the prevention and correct case management of common childhood diseases. This will include the increase and maintenance of immunization coverage and the promotion of exclusive breastfeeding and iodized salt consumption. Regarding water, sanitation and hygiene, the programme will seek to ensure sustainable access to water and sanitation in target primary schools and surrounding communities; to increase hygiene awareness among primary school-children; and to use these schools as entry points to improve the hygiene practices of communities. In education, the programme will use a mix of capacity-building and empowerment strategies to improve the competency of teachers, enhance children's learning achievement in the targeted primary schools and promote the participation of students and parents in the management of school activities.

12. Through advocacy and technical support, the *social policy development programme* will use the experience gained from the first programme to promote the development and implementation of appropriate policies and operational strategies; to provide evidence for maintaining or increasing the level of public investment in basic social services; and to strengthen mechanisms for the coordination, monitoring and evaluation of programmes for children. The programme will also seek to enhance families' and communities' knowledge, skills and awareness of children's protection and participation rights, with special attention to such emerging issues as drug use, teenage pregnancy, violence and sexual abuse of children and women.

13. An integrated monitoring and evaluation plan will be developed and used to guarantee effective and efficient programme implementation and monitoring of the situation of children and women. Annual management plans and reviews will be used, together with quality assurance indicators to strengthen country office management. An integrated communication plan will be prepared to target and rationalize interventions in behavioural change, and a resource mobilization plan will be developed for the country programme.

Estimated programme budget

Estimated programme cooperation, 2000-2004 a/

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Basic social services	2 390	1 250	3 640
Social policy development	800	250	1 050
Total	3 190	1 500	4 690

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.